U.S. Department of Labor Office of Labor-Management Standards \* \*, Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only	
4 to 1 to	FULLY BEFORE PREPARING THIS REPORT.
E AUG 17 2005	
1. File Number U- //85 n/a - first filing	2. Fiscal Year Covered From:
	01 /01 / 2004 Through: 12 /31 / 2004
3. Name and address of person filing.	3. Name, file number, and address of labor organization.
Name Jeremiah Sullivan	Name Bricklayers & Allied Craftworkers LU
•	Labor Organization File Number 540-021
P.O. Box, Bldg., Room No., if any 2nd Floor	P.O. Box, Building and Room Number, if any 2nd Floor
Street 4 Court Square	Street 4 Court Square
City Long Island City	City Long Island City
State NY ZIP Code + 4 11101	State NY ZIP Code + 4 11101
5. Position in labor organization. Secretary - Trea sure	
Enter appropriate data below if, during the past fiscal year, you or y	· · · · · · · · · · · · · · · · · · ·
Enter appropriate data below if, during the past fiscal year, you or y	or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or y  (except as specified in the e	or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization 3. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of n represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  B. Name and address of Employer (including trade name, if any).  Name	or derived income or other economic benefit of n represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	or derived income or other economic benefit of n represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  3. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	or derived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	or derived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under perinformation submitted in this report (including the information contains and cont	or derived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  0
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization.  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under perinformation submitted in this report (including the information contains).	or derived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  0  Signature  enalty of Perjury and other applicable penalties of the law, that all of the sined in any accompanying documents), has been examined by the signatory

Name of Person Filing JERIMINH SULLIVAN.	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name THE SEGAL CO.	9. Business deals with:
Trade Name, if any:	a. Labor Organization  b. Trust
P.O. Box, Bldg., Room No., if any	上 b. Irust
Street PARK AUE	c. Employer
City NEW YORK	
State NY ZIP Code + 4 100/6 - 589 5	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BRICKLAYERS UNION LDC. 1	COUSULTANTS + ACTUARIES
Trade Name, if any: UNION BENEFIT FUNDS	
P.O. Box, Bldg., Room No., if any	
Street 6605 WOOD HAVEN BLVD.	
City REGO PARK	11.b. Approximate dollar value of such dealing. UNKDOWい・
State	12.a. Nature of interest held or income received.  SPONSORED DINNER BEFORE  GENERAL MEMBELSHIP MEETING.
C. Received from any employer (other than an employer covered under par	12.b. Amount APPADX . 43
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment. 0
orm LM-30 (2003)	Additional Page 2 / / of /3 \ Page 2 of 2

Name of Person Fining Vereniah Sulliv	AN	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the busin actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name The Secret Control of State Secret Se	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing  HULL & PING	
P.O. Box, Bldg., Room No., if any 12th HOUR  Street 13 Will 35th (HRUF		
	11.b. Approximate dollar val	ue of such dealing.
City NW YOL  State X. ZIP Code + 4 MOU	12.a. Nature of interest held Sponsoful a lun Bould of Mustury March 12.b. Amount 40.00	weh directly after a Meeting. The value of the
Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of mone	s A and B above)	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0

Name of Person Filing JEAL MIAH SULLIVAW.		File Number U. n/a first filing
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, o of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the bus actively seeking to represent, o or indirectly to, or otherwise	iness r
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HOLM + D'HARA LLP.	-	
Trade Name, if any:	a. Labor Organizati	on
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 420 LEXINGTON AVE	c. Employer	
City NEW YORK	_	
State NY ZIP Code + 4 10170 - 1799	-	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.
Name	UNION ATTO	INEY
Trade Name, if any:	-	
P.O. Box, Bldg., Room No., if any	-	
Street	11 h. Approximate dellar ve	lice of such dealth
City	12.a. Nature of interest held	d or income received
State ZIP Code + 4	1	AT GOLF TOURNAMENT
	12.b. Amount APPRO	X 175,00
C. Received from any employer (other than an employer covered under pa or from any labor relations consultant to an employer any payment of mon	rts A and B above) ey or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		,
P.O. Box, Bldg., Room No., if any		
Street		
City	,	
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0
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14.b. Amount of payment.

13.a. Is the Business an Employer

or Consultant

Name of Person Filling Jeremiah Sullivi	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Stone Setters Pension & Annuity Fund	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any <u>12th Floor</u>	b. Trust
Street 253 West 35th Street	Ld c. Employer
City New York	
State NY ZIP Code + 4 10001	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Sponsored benefit plan providing benefits
Name	to covered members of labor union.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. unknown
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	I attended the American Alliance Conference on Employee Benefit Plans held in Orlando Fl. in May 2004. I rec'd reimbursed exp's directly or indirectly for registration, airfare, lodging, meals & transportation
	12.b. Amount \$ 3,212.35
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	·
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
orm 1 M 20 (2002)	2.1.1.1. 2.2. 2.4.2. 2.4.2. 2.4.2.

Name of Person Filling Jeremiah Sullivi	an	File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the busi actively seeking to represent, o or indirectly to, or otherwise	ness r
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Labor Management Cooperation Committee (IMCC)	a, Labor Organizati	on
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	J	
Street 4 Court Square	l c. Employer	
City Long Island City		
State NY ZIP Code + 4 11101		
10. If 9.b. or 9.c. is checked give trust or employer's name.		g. gement committee created labor in the industry &
Name	various charities	<del>-</del>
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar va	lue of such dealing. unknown
City	12.a. Nature of interest hele	d or income received.
State ZIP Code + 4	at ICC, with prod Dystrophy Associa	MCC sponsored a golf outing ceeds going to Muscular ation. I attended, dined, golf. The value of meal & mated.
	12.b. Amount	Approx. \$90
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	•	,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0
	<del></del>	

	·	<del></del>
Name of Person Filing Jeremiah Sullivan	/	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		ness
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bricklayers & Allied Craftworkers Fringe Benefit Funds	x a. Labor Organizati	On
Trade Name, if any:	b. Trust	5-11
P.O. Box, Bldg., Room No., if any  Street 66-05 Woodhaven Boulevard	c. Employer	
City Rego Park		
State NY ZIP Code + 4 11374		
10. If 9.b. or 9.c. is checked give trust or employer's name.		t plan providing benefits
Name	to covered membe	rs of labor union.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	11.b. Approximate dollar va	lue of such dealing. unknown
City	12.a. Nature of interest hel	
State ZIP Code + 4		stmas party held on not know if the value of exceeded \$25.
	12.b. Amount	unknown
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) by or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		:
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0
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Name of Person Filling JEREMIAH DULLIVA	J   File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is:  (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name VILLUCK, WULLMAN, Clius, & Crypt hury.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street State No.   S	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Union attorney
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	
State ZIP Code + 4	12.a. Nature of interest held or income received.  I ROCLING a Christmas gift from the firm.  THE VALUE OF the gift is estimated.  12.b. Amount #41,00
C. Received from any employer (other than an employer covered under par	
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
orm LM-30 (2003)	Additional Page 2 ( $\%$ of $/3$ ) Page 2 of 2

Name of Person Filling JEREMIAH SULLIVAN	File Number U- n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Self-NSWeb Dental Sekvice)  Trade Name, if any: Appinistrative Sekvice)  P.O. Box, Bldg., Room No., if any Suite 300  Street 303 Merrick Road  City Lynbrook  State N	9. Business deals with:  J a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Rickling of Conference of Confer	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing. UNINWW  12.a. Nature of interest held or income received.  I playlik a Brillow of golf & Mid lunch with Phinriple of the filth. The Yaller  19 Offinatell.
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) ev or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
orm LM-30 (2003)	Additional Page 2 ( 9 of /3) Page 2 of 2

Name	Name of Person Filing JEREMIAH SULLIVAN	Fi	le Number U- n/a first filing
Name Gould, Kobrick & Schlapp  Trade Name, if any:  P.O. Box Bidg. Room No, if any Stite 4309  Street 350 5th Ave.  City New York  Slate NY ZiP Code +4 10118  11.a. Nature of such dealing. Union audit for  Trade Name, if any:  P.O. Box Didg. Room No, if any  Street  11.b. Approximate dollar value of such dealing.  11.a. Nature of intrest hald or income received.  11.b. Approximate dollar value of such dealing.  12.b. Ansure of intrest hald or income received.  12.b. Ansure of received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultent to an employer any payment of money or other biring of value.  3.a. Name and address of Employer or Labor Relations Consultent (Income Name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg., Room No. if any  Street  City  State  2IP Code +4	substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly	otherwise dealing with the busines octively seeking to represent, or or indirectly to, or otherwise	38
Trade Name, if any:  P.O. Box, Bidg., Room No., if any Suite 4309  Street 350 5th Ave.  City New York  State NY ZIP Code + 4 10118  11.a. Nature of such dealing. Union auditor  11.b. Approximate dollar value of such dealing. Union auditor  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  11.b. Approximate dollar value of such dealing.  2IP Code + 4  12.b. Amount  Approx. 100  12.b. Amount  Approx. 100  14.a. Nature of payment.  14.a. Nature of payment.  14.b. Anaunt of payment.	8. Name and address of Business (including trade name, if any).	9. Business deals with:	
December 1997   P.O. Box, Bldg., Room No., if any   Suite 4309   December 2006   December 20	Name Gould, Kobrick & Schlapp	   [v]	
Street 350 5th Ave.  City New York  State NY ZiP Code + 4 10118  11.a. Nature of such dealing.  Union auditor  11.b. Approximate dollar value of such dealing.  P.O. Box, Rtdg., Room No., if any:  F.O. Box, Rtdg., Room No., if any  Street  City 12.a. Nature of interest hald or income received.  I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above)  I from any labor relations consultant to an employer any payment of money or other bring of value.  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State ZIP Code + 4  14.b. Amount of payment.	Trade Name, if any:		
City New York  State NY ZiP Code + 4 10118  11.a. Nature of such dealing. Union auditor  11.b. Approximate dollar value of such dealing.  9,500  City 12.a. Nature of interest held or income received.  I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  3.a. Nature of payment.  14.a. Nature of payment.  14.b. Amount of payment.	P.O. Box, Bldg., Room No., if any Suite 4309	b. Trust	
State NY ZIP Code + 4 10118  11.a. Nature of such dealing. Union auditor  11.b. Approximate dollar value of such dealing. Union auditor  11.b. Approximate dollar value of such dealing.  9,500  12.a. Nature of interest held or income received. I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  14.b. Amount of payment.	Street 350 5th Ave.	c. Employer	
11.a. Nature of such dealing.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  11.b. Approximate dollar value of such dealing.  9,500  12.a. Nature of interest held or income received.  I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount  Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Nature of payment.  14.a. Nature of payment.  14.b. Amount of payment.	City New York		
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  11.b. Approximate dollar value of such dealing. 9,500  City 12.a. Nature of interest held or income received. I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street  City  State  ZIP Code + 4  14.b. Amount of payment.	State NY ZIP Code + 4 10118		
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  11.b. Approximate dollar value of such dealing.  9,500  City  12.a. Nature of interest held or income received.  I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount  Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	10. If 9.b. or 9.c. is checked give trust or employer's name.		
Street	Name		
Street	Trade Name, if any:		•
City  Stale ZIP Code + 4 Table 12.6. Amount an employer covered under parts A and B above) or from any tablor relations consultant (including trade name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4  Table Amount 11.b. Approximate dollar value of such dealing. 9,500  12.a. Nature of interest held or income received.  I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant of money or other thing of value.  13.a. Nature of payment.  14.a. Nature of payment.	P.O. Box, Bldg., Room No., if any		
StateZIP Code + 4	Sfreet	11.b. Approximate dollar value	of such dealing. 9,500
a partner of the firm. The value of the golf and lunch is estimated.  12.b. Amount Approx. 100  2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	City	12.a. Nature of interest held or	r income received.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	State ZIP Code + 4	a partner of the f	irm. The value of the
r from any labor relations consultant to an employer any payment of money or other thing of value.    3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).    Name		12.b. Amount	Approx. 100
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.a. Nature of payment.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	13.a. Name and address of Employer or Labor Relations Consultant	<del></del>	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	<i>(</i> ************************************		
Street  City  State ZIP Code + 4  14.b. Amount of payment.	Trade Name, if any:		
State ZIP Code + 4	P.O. Box, Bldg., Room No., if any		
State ZIP Code + 4	Street		
14.b. Amount of payment.	City		
	State ZIP Code + 4		
	13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	0

Name of Person Filing JEREMIAH SULLIVAN	File Number U-n/a first filing
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, o of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the business actively seeking to represent, or y or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Gould, Kobrick & Schlapp	_
Trade Name, if any:	x a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 4309	b. Trust
Street 350 5th Ave.	c. Employer
City New York	
State NY ZIP Code + 4 10118	_
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Union auditor
Name	-    -
Trade Name, if any:	_
P.O. Box, Bldg., Room No., if any	-
Street	11.b. Approximate dollar value of such dealing. 9,500
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	I received a Christmas gift from the firm. The value of the gift is estimated.
	12.b. Amount Approx. 75
C. Received from any employer (other than an employer covered under pa or from any labor relations consultant to an employer any payment of mon	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.

JEREMIAH SULLIVAN File Number U- n/a first filing Naitie of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: \_\_\_ P.O. Box, Bldg., Room No., if any \_ c. Employer 10. If 9.b. or 9.c. is checked give trust or employer's name. Investment Consultant to Benefit Kind. P.O. Box, Bldg., Room No., if any \_ 11.b. Approximate dollar value of such dealing. UN NOUN lunch. The value in 12.b. Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any ZIP Code + 4 14.b. Amount of payment. 13.a. Is the Business an Employer

Name of Person Filing JEREMIAH SULLIVAN	File Number U· n/a first filing
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name UND IST UNSWIGHT, INC.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 390 Play doll Roll  City May 211 State N. ZIP Code + 4 1130  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.
Name Mick laylus & Alila Claftworklas  Ringe Isenefit Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street U-U Worth AVEN Blvd.  City Rego Park  State N. J. ZIP Code + 4 11374	Investment linguitant to Benefit Rund  11.b. Approximate dollar value of such dealing. UNKNVWW  12.a. Nature of interest held or income received.  I played a klywal of golf & Hallund with principle of the firm. The value of eligible of the firm. The value of eligible of the firm.
C. Received from any employer (other than an employer covered under party from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.
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